

father's house, where he continued some days unmolested. From this he removed to his own house, where, from the virulent attacks of his former complaint, his health was so much impaired that serious apprehensions were entertained of his recovery. At this time he left home again for a few days, and was tolerably well. A return to his own house, however, precipitated him once more into his former trouble. After a week's fruitless efforts to enjoy repose during the night, he removed to a friend's house, where, for the space of a fortnight, he slept tranquilly, never experiencing any return of the paroxysms. His father's house for a considerable time subsequent to this period proved equally successful, but he was still convinced that the old neighbour continued to reside in his own house, by the frequent unsuccessful attempts at repose that he there experienced.

When he waited upon me about six weeks ago, I called to recollection a statement that I had somewhere read relative to the effects of electricity in feathers, illustrated by a case in some particulars similar to the present. I asked my patient if it was a feather bed that he slept upon, but was answered that it was chaff. In the course of conversation, however, I discovered that the bolsters were feathers, and I requested him to discontinue their use, and substitute chaff in their place, and let me know the result; when, upon calling next day, I found what I had anticipated, that he had passed a sound night. I then requested him to continue the chaff for a few days longer; he did so, and remained perfectly free of his complaint. I then requested him to try one night again upon his feather bolsters, but not for some time could he be prevailed upon to make the experiment; and when he did muster resolution enough to make the trial, his old complaint returned with its usual violence. In this situation he threw the bolsters from him violently, and was an hour or two tormented before the paroxysms ceased.

I have ascertained beyond the possibility of doubt, that, at the time he had been afflicted in his father's, &c. his own feather bolsters had been removed hither. In short, no night did he sleep upon these bolsters but he experienced the nocturnal paroxysms. Though sometimes he was affected immediately on going to bed, yet frequently two or three hours elapsed ere he was attacked.

It may be worthy of remark, that he had regularly slept upon feather bolsters during the former part of his life without feeling any such sensations; but that these were old, whilst the present were new. His wife and other individuals had slept upon them during the most part of this period without experiencing the least inconvenience.—*Edin. Med. and Surg. Journ. July, 1834.*

PRACTICE OF MEDICINE.

36. *On the vis Medicatrix Naturæ.* By PROFESSOR TOMMASINI.—Some of the older physicians confided entirely to the *vis medicatrix naturæ* in treatment of acute diseases; hence, after giving some aid to the patient at the commencement of the disease, (so as to direct nature in the proper course,) they remained tranquil spectators of the diseased actions and changes which succeeded each other with more or less rapidity, believing too that they imitated the means which nature employed in order to surmount the disease, and to resist the action of injurious agents. Others, on the contrary, constantly view these abnormal actions as injurious, believe that they ought always to oppose them, and endeavour to arrest, by every means in their power, these changes and morbid derangements which they believe to result solely from the pathological condition, still existing in all its force. Hence have arisen two sects in medicine; that of the *expectant* and prudent, and the one which trusts alone to active and powerful medicines.

The enlightened and prudent practitioner, says M. Tommasini, will not enlist himself exclusively under either of these parties. Equal dangers may result

from a too active and perturbing treatment and from this excessive prudence, which applies no rein to the disease. It is consequently of the greatest importance to accurately define the cases in which it is necessary to act, and which may be trusted to nature; the direction of the physiological operations, which ought to constitute what the ancients called the force of resistance against injurious causes, or the *vis medicatrix naturæ*.

1st. Nature, or rather the organism, the organic system, or any viscus whatever, cannot act in a salutary manner, if it be not healthy; it cannot act usefully for itself, for the organs with which it is in relation, and for the individual, if it be not in a healthy condition, and performing its functions normally. Before a disease breaks out, or after it has run its course, then the system, the tissue, the affected part, return to the performance of their physiological actions, and tend to reject the external morbid causes, or to expel their products. These products, or the remains of the disease, are the perspirable matter, the fæces, thick urine, or other analogous matters. Extraordinary metastases cannot be adduced as arguments in favour of the action of the *vis medicatrix naturæ* when we consider that if injurious or perturbing agents are sometimes transported with advantage to the organism, to some external part and one of minor importance, in other cases, these natural metastases take place to the lungs or brain, and many produce death.

2d. The action of the organism is evidently salutary in certain diseases; then it is proper not to disturb it, and to avoid arresting its eminently salutary actions. The principal cases in which its utility is evident are—vomiting, when the stomach is surcharged with food; the sweat which occurs on the decline of fever, and after which the patient experiences relief; copious stools and thick urine, with sediment, when these evacuations commence at the period at which the morbid excitement has diminished.

3d. It is necessary strictly to attend to the precept of never doing more than is absolutely required. A fever, evidently ephemeral, during which the head is not violently affected, which is not marked by severe exacerbations, which is not the effect of any great alteration, and does not threaten to produce any, ought to be left to itself; it will get well in a short time. To treat a patient, in such a case, by active measures, is inappropriate and dangerous. But, when this fever is accompanied with severe head-ache; when, to a continued although slight fever, there are joined phenomena indicating the probability of the development of a phlegmasia, then there being no grounds for hope that the disease will speedily cease of itself, the physician ought to attack it with the means which our art furnishes him for such an occasion, because nature, or to speak more correctly, the affected part, will not throw off the disease itself, not being able to remove the inflammation, without producing at once, or threatening the other organs with metastases, which may endanger life. Nevertheless, it is not the less an axiom in medicine *never to do more than is necessary*; only we ought not to remain inactive, and wait from nature for assistance which she cannot give when she is herself sick.—*Rev. Méd. July, 1834, from Observatore Medico di Nipoli, May, 1834.*

37. *Use of Chloruret of Lime in Blenorrhagia.*—Professor GRAEFFE, of Berlin, was among the first to employ this remedy in inflammatory discharges from the urethra; and so favourably did he augur of its good effects, as to state that it would cure the disease when copaiba and cubebs had failed. It was used both internally, either in the form of mixture or of pills, and externally as an injection: the formula for the pills is as follows:—Take of the chloruret one drachm, of extract of opium nine grains, and as much gum as may be necessary to form a consistent mass, which is then to be divided into fifty-four pills. At first, one may be taken every two or three hours; and the dose is to be gradually increased till eight, ten, or twelve are taken every hour. The injection is made by dissolving twenty-four grains of the chloruret in six ounces of water, and adding half a drachm of the vinum opii. The strength must be regulated according to

the irritability of the canal. This treatment has been successfully adopted in acute as well as in chronic cases; but it is in the latter set chiefly that the greatest benefit has been obtained. As a matter of course, if the irritation produced exceed certain limits, we must omit the use of the chlorurets, and resort to a more soothing treatment. In one patient, who had had a gleet for two years, the discharge was stopped in the course of ten days.—*Trav. de la Soc. Med. de Bordeaux.*

38. *Hypertrophy of the Mammæ.*—Galen is the earliest author who has noticed this malady, and most of the comprehensive records of disease published since his time present some cases of it. Boulli mentions the case of a woman whom he saw at Koenisberg, and in whom the mammæ had become so prodigiously enlarged that she was obliged to support them with bandages, passed round her body and across her shoulders; each of them must have weighed thirty pounds at least. This poor woman had been advised to have the mammæ extirpated, and this murderous operation would have been performed, had Boulli not happened to visit her; he at once discovered that the hypertrophy of the gland was connected, or at least associated, with amenorrhæa, and ordered emmenagogue medicines, derivatives, leeches to the ankles, cupping-glasses to the hips, &c. The result was quite satisfactory; the menstrual flux was restored, and the volume of the mammæ speedily decreased.

Indeed it is a very common occurrence, that when the catamenia have been suddenly checked, the mammæ became swollen and painful. Dorsten relates the case of a young lady, in whom an extraordinary enlargement of the mammæ took place in the course of one night; it was very evidently connected with the retention of the milk, the lady being a nurse at the time; the left breast measured thirty-seven inches round its base, and eighteen inches from the base to the nipple—the right one thirty-one inches round, and seventeen in height. Dorsten employed emollient fomentations and revulsive remedies; but, unfortunately, his patient was so feeble that she could not continue the course prescribed. The catamenia were suppressed for six months, all the means which had been used to restore them having proved quite ineffectual. The lady died; and when the breasts were weighed after death, the left one was found to weigh sixty-four pounds. No decided structural change could be detected in the gland, except the mere hypertrophy of the cellular tissue which enters into its composition.

Hey, in his Practical Observations on Surgery, alludes to several such cases, in all of which the enlargement of the mammæ was associated with amenorrhæa: one of these is so remarkable that it deserves notice. A young girl, æt. 13, on the first occurrence of the menstrual flow, had imprudently put on a damp chemise, with the hope of stopping it; the discharge was then suddenly arrested, and could not be recalled: the mammæ forthwith began to swell, and gradually attained such a size, that she could not keep herself erect, but was obliged to bend her head and body to diminish the extreme tension, and to draw her limbs up to her stomach, for the purpose of supporting the huge pendulous glands. The left mamma, being the most cumbersome, was extirpated—it weighed fifteen pounds. The girl was cured, but ever afterwards had a slight curvature forwards of the spinal column.

The hypertrophy of the mammæ sometimes takes place during pregnancy, and disappears with the cessation of the milk fever after delivery. When the nipples are too small, so that the child cannot easily take hold of them, the tendency to the engorgement of the glands is necessarily greater. Professor Cerutti alludes to the case of one of his patients, who was in this condition. The left mamma attained the dimensions of thirty-eight inches in circumference, and fifteen in height.

This woman was safely delivered, and when the milk fever set in, the breasts did not seem to become any longer; as it subsided, they very rapidly decreased in volume, and in the course of a month or so, they measured round

their bases only eighteen inches.—*Med. Chirurg. Rev. from Meckel's Archives für die Physiologie.*

39. *Hemicrania cured by Acetate of Morphine applied endermically.*—Dr. MARGISTER, in a memoir in the *Gazette Médicale de Paris*, for October 4th last, endeavours to show that hemicrania is a neuralgia generally seated in the ramifications of the nerves distributed to the temporal and orbital regions, though it may sometimes be caused by nervous sympathy, the primary irritation being in an organ or nerve remote from these regions. The best treatment for this disease, even when symptomatic, is, he says, the application of acetate of morphium to the dermia denuded of cuticle by the ammoniacal ointment. Several cases illustrative of the efficacy of this treatment are given.

40. *Observations upon the Therapeutic Effects of Creosote.* By Dr. REICH, of Berlin.—During the winter of 1851-2, Dr. R. was exposed for many hours, in an open carriage, to the rain and snow. His right hip was, during all this time, soaked with the water of the melted snow, in consequence of which he was attacked with a fixed and permanent pain of the joint, which resisted all the ordinary means; at the same time that the articulation was painful, the thigh was insensible, and, as it were, paralysed. Imagining that the *tinclura fuliginis* of Seelig, which had produced such good effects in gout and rheumatism, probably owed all its properties to the creosote, he determined to employ this latter substance itself. He commenced with five drops in six ounces of emulsion, by spoonfuls, every two hours. The disagreeable taste of the medicine excited some nausea; nevertheless, the night having been passed in tranquillity, M. Reich took the next day ten drops; the following day twenty drops, in four doses. The feeling of stupor and paralysis in the thigh was entirely dissipated. The shooting pains in the articulation disappeared the next morning, but returned before evening, as also the feeling of stupor. The medicine was again employed during the three following days, in the dose of twenty drops per diem. The pain and the stupor were entirely dissipated, and did not return.

A lady, aged forty years, had experienced, in the month of July, two attacks of acute rheumatism, accompanied with swelling of the joints of the hands and feet; on the 24th of August she was taken in the limbs with a feeling of stiffness and engorgement, which is the ordinary forerunner of the most acute pains. The creosote was prescribed, but this time in the form of pills, in order to disguise the disagreeable taste which it has in the liquid state. The following is the formula:—℞. Creosote, ʒi.; Powdered Althæa, q. s. f. in pil. c. x. On the 26th, the patient only complained of a sensation of stiffness in the articulation of the knee. The 28th, she could go down into the garden, and on the 6th of September, she was free from all rheumatic pain, from every feeling of stiffness in the joints; she had, besides, regained the freshness and the appearance of good health, which, it is well known, never exists under the influence of the rheumatic diathesis.

A man, aged fifty-three years, addicted to the use of alcoholic drinks, was affected with gout at the commencement of 1832; it was relieved at first by the use of the mineral waters of Wis-Baden. He had a new attack at the commencement of 1833. A physician was consulted, but did not relieve him. The employment of the juice of herbs, and of a potion, with muriatic acid and ether, produced a momentary relief. But about the 21st of September he had a relapse. The invalid could not walk without the assistance of crutches; the joints of the foot and knee were swelled; every night sweats exhausted the strength of the patient; his lips and tongue were very red; his gums were softened. They resorted to the employment of the pills of creosote, five of which were taken in the morning and the same number at night; they were continued to the 22d of November, and with such success that the patient could take daily long walks.

The author also cites two cases of phthisis pulmonalis, with purulent expectoration, in which pills of creosote produced a cure. But, as he does not give the stethoscopic signs, this should be doubted. Too many cases of pulmonary catarrh have been cited as cases of phthisis pulmonalis cured for one not to feel incredulous.

M. Reich has also employed the creosote externally with constant success.

The first experiment was made upon a female subject three days after death. Putrefaction was already far advanced, and the odour was insupportable. The body was sprinkled with the distilled water of creosote, which stopped the progress of putrefaction and destroyed the bad odour.

A young man had been affected with the most severe confluent variola; his body was covered with scabs, raised by a collection of thick and fœtid pus; the employment of a solution of one drop of creosote to the ounce of water, destroyed the odour, and caused the ulcerations of the skin to cicatrize. An effect equally advantageous was obtained in a child of seven years of age, whose mouth was filled with aphthæ and erosions, accompanied with swelling of the maxillary glands and bleeding of the gums.

A young man, aged twenty-six years, had a scrofulous ulcer on the external part of the leg for six years, during which time it had several times been healed, but again reappeared soon after. For eight months it had been open, and surrounded with varices and indurations; the creosote did not produce complete cicatrization, because the patient did not wish to continue its employment, but it procured a remarkable abatement in the pains, of which this ulcer was the seat. In a pregnant woman, affected with gonorrhœa and venereal ulcers, and who previously had frequently had leucorrhœa, injections of creosote, suspended in water, completed the cure in fifteen days.

This medicine has not shown itself less efficacious in odontalgia, obstinate itch, and many diseases of the skin of a syphilitic origin.—*Rev. Méd. May, 1834, from Hufeland's Journal, Jan. 1834.*

41. *Treatment of Worms.* By WILLIAM STOKES, M. D.—The treatment of worms is, generally speaking, extremely simple, the principles of treatment in the various kinds of intestinal worms being nearly the same. Simple as they are, however, some persons entertain false notions respecting them. They appear to think that all they have to do is to evacuate the worms; and, having accomplished this, they rest satisfied, and take no steps to prevent their recurrence. But the mere evacuation of worms is no proof of a cure; to effect this you must prevent their return. From what you have learned with respect to their exciting causes, you will be able to give such directions as to the patient's mode of living as will obviate their recurrence; and, with regard to the means to be adopted for removing them, we may divide them into the following:—We have, in the first place, what is called the mechanical treatment, next the specific, and, lastly, the purgative treatment. The first and last are nearly connected. For instance, purgatives appear to act in the same way as mechanical anthelmintics, by irritating the mucous surface of the intestine and the worm, and thus causing its dislodgement and expulsion.

Among the principal mechanical anthelmintics are filings of tin, cowhage, powdered charcoal, and crude mercury. Among the specific are a variety of substances, most of which have a strong and peculiar smell. This is a very curious fact. Valerian, assafœtida, camphor, ether, and other odorous substances have been found to be anthelmintic, and the *Geoffræa inermis*, which has been employed for this purpose, is remarkable for its strong unpleasant odour. The same thing may be said of tobacco, the oil of chenopodium or wormseed, garlic, *artemisia absinthium*, and many others. With respect to purgatives, there is not one in the whole list, particularly those of the drastic kind, which may not be looked upon as an anthelmintic.

It is the opinion of the most eminent men, that the thread worm is the most difficult to expel, because they are generated with an extraordinary rapidity,

and accumulate in a very short space of time. You are satisfied of their existence, have seen them in the alvine discharges, and the patient has all the ordinary symptoms. Well, what is the best way of getting rid of them? You shall commence by the exhibition of a mercurial. It is difficult to explain why it is that mercury has such an effect in removing these worms, but the experience of the best practitioners can be adduced in proof of its efficacy. The statements of Dr. Latham of London, and of many practitioners in this country and on the continent, go to prove this. In whatever way it acts, mercury appears to be a powerful anthelmintic; and it is a fact that these worms have been expelled where it was given in very small doses, and not sufficient to operate as a purgative. The best plan is, first to give a mercurial purgative, and then to have recourse to the mechanical treatment, giving with this view, the syrup of cowhage, one of the most efficacious of this class. It is a remedy which is easily managed, and will do no harm; for, though it produces violent itching when applied to the cutaneous surface, it produces very little sensible effect on the intestinal mucous membrane. The form which I employ is the following:—Take of the hairs of the *dolichos pruriens* one scruple, syrup of orange-peel an ounce; of this an electuary or syrup is to be made, of which you may give a child a tea-spoonful three times a day. This is the remedy on which the West Indian practitioners, who have frequently to treat this affection in the negroes, place the greatest reliance; and you will find that if you employ it, a vast number of worms will be often passed. It should be continued for two or three days, and then a purgative must be given, after the operation of which it may be again resumed, if necessary. An excellent adjuvant to this is the use of aloetic injections, composed of two parts of milk, and one of the decoction of aloes. In this way you will be able to remove a vast quantity of these little animals from the rectum. It has also been observed, that injections of cold fresh or salt water have a great power in promoting their expulsion. Bremser mentions that in cases where these worms pass from the rectum into the vagina in females, and excite irritation, there is nothing so effectual in destroying them as injections of cold water and vinegar. This you should bear in mind. You should also remember, in the case of administration of syrup of cowhage, to give strict orders not to let any of it drop on the child's skin, as it would excite a great deal of irritation. You should forewarn the attendants of its effects on the skin; and if any of it should be spilled on the hands, neck, or face, the best thing is to wipe and wash the part well, and then rub it with a little almond-oil.

For the expulsion of lumbrici there is nothing so successful as the ordinary purgative treatment. A bolus, composed of calomel, rhubarb, and jalap, will answer this purpose extremely well; you may also use the syrup of cowhage with much advantage. Bremser gives a formula for an electuary, which I have not tried, but have no doubt of its value, for it appears to combine all the qualities of a good vermifuge electuary. It is made as follows:—Take of the seeds of *santonium*, and of the flowers and leaves of *tansy*, reduced to powder, each half an ounce. Here you have two anthelmintics of the specific kind. Add to these two drachms of powdered *valerian*: here is another. You then combine with these, two drachms of sulphate of potass, and a drachm and a half of jalap: these are purgatives. You then make them up into an electuary with syrup of squill, which is also an anthelmintic of the specific kind. Of this electuary two or three tea-spoonfuls are to be taken during the course of a day. Bremser states, that this combination is of great value, particularly against lumbrici and tape-worm.

The treatment of tape-worm is not difficult. All the specific and mechanical anthelmintics are useful in promoting its expulsion, but there is nothing which appears to have such a powerful effect as full doses of turpentine and castor oil. This constitutes the best remedy we possess against the *tenia*; but if you wish to get rid of it entirely, you must give the turpentine in full doses. You will frequently be astonished at the vast quantities of this worm which will be passed. When you give turpentine, it is safer to order a full dose of it, for

if it be given in small quantities it is very apt to irritate the urinary organs.—Half an ounce of turpentine, with the same quantity of castor oil, form an efficacious, though very disagreeable draught. You may, however, obviate its nauseousness by the addition of a small quantity of camphorated tincture of opium and mucilage of gum Arabic. The celebrated empyreumatic oil of Chabert is, in my mind, nothing more than a modification of the turpentine. This is the remedy which Bremser looks upon as most efficacious against the tapeworm. You have all, I presume, heard of the animal oil of Dippel—the oil which is produced by the distillation of bones or hartshorn shavings. To one part of this are added three parts of turpentine: these are left to combine for four days, and then distilled; the first three parts of oil which come over are called the empyreumatic oil of Chabert. It is an exceedingly nauseous remedy, has a most disgusting smell, and is seldom used in this country. Bremser recommends it to be taken in doses of a tea-spoonful three times a day. Some persons who have tried it have assured me that it is extremely difficult to be taken, and that it excites a train of most disagreeable abdominal sensations. Bremser, however, thinks highly of it; he is in the habit of directing his patients to take it for three or four successive days, then to omit for a day or two, and then to return to it again, and he says that it not only succeeds in evacuating the worm, but also in preventing its return. In addition to this, he recommends the use of a fortifying tincture, which I think very useful in worm cases. It is a combination of one of the salts of iron, with a preparation of aloes. If you take equal parts of the muriated tincture of iron and tincture of aloes you will have a remedy somewhat similar to the strengthening tincture of Bremser. Twenty drops of this mixture, taken three or four times a day, will prevent the recurrence of worms.—*London Med. and Surg. Journ. May 3d, 1834.*

SURGERY.

42. *Pathological Appearances of Seven Cases of Injury of the Shoulder-Joints, with Remarks.*—The *Medical Gazette* for May 24th last, contains the following interesting contribution, from JOHN G. SMITH, Esq., to our knowledge of the pathology of the shoulder-joint. Mr. S. is unable to give any previous history of the different cases; the whole of them occurred in bodies brought to his theatre for dissection.

“CASE I. In the body of a man brought to the dissecting-room, under the old system of violation of the grave, in the month of February, 1832, the following pathological condition of the left shoulder-joint was observed:—

“On making a transverse section in the centre of the deltoid muscle, for the purpose of reflecting it, the bursa situated beneath was observed to be much larger than usual, very much thickened, and communicating with the general cavity of the shoulder-joint by a large irregular opening. On further examination, it was noticed that the tendinous insertion of the subscapularis muscle had been entirely torn away from the lesser tubercle; the supra-spinatus, infra-spinatus, and the teres minor muscles, had likewise been completely detached from the greater tubercle. The tendon of the long head of the biceps had been torn away from the upper part of the glenoid cavity, and entirely withdrawn from the joint: it was found to be firmly attached to the anterior margin of the bicipital groove. The head of the humerus moved freely in all directions on the glenoid surface of the scapula, and the size of the cavity of the joint was much increased, from the extensive laceration of the capsular ligament; it included the whole of the neck of the bone and both tubercles. The appearance of thickening of the capsule below would seem to indicate that it had likewise suffered laceration in this situation at the time of the injury. A small portion of the outer margin of the glenoid cavity had been fractured off, and, with the